

**Application for Permit to Alter Elevator, Dumbwaiter or Escalator****177**

Michigan Department of Labor &amp; Economic Growth

Bureau of Construction Codes

Elevator Safety Division

P.O. Box 30255, Lansing, MI 48909

517-241-9337

DO NOT SUBMIT WITHOUT  
STATE SERIAL NUMBER

STATE SERIAL NUMBER

PERMIT NUMBER

PERMIT APPROVED BY

DATE

**FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE**Authority: 1967 PA 227  
Completion: Mandatory  
Penalty: \$50.00

DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

This form is issued under authority of 1967 PA 227. You must complete this form and return it to the above address with the required fee if you want to alter an elevating device.

Section 15(1). A person, firm or corporation shall not install or alter an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.

Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name)		COUNTY			
LOCATION (Address)	CITY	ZIP CODE			
BILLING INFORMATION (Owner or Designated Agent)					
BILLING ADDRESS	CITY	STATE	ZIP CODE		
MANUFACTURED BY		MANUFACTURER'S NUMBER			
TYPE OF ELEVATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DUMBWAITER	POWERED BY <input type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER _____	MACHINE TYPE <input type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SPROCKET	VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.		
CAPACITY _____ LBS	FLOORS TRAVELED	RISE IN FEET _____ FT _____ IN	SPEED _____ FPM	NO. CAR ENTRANCES	NO. OF HOISTWAY ENTRANCES
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7					

**CONTRACTOR'S SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE			DATE

**OFFICE USE ONLY**

INSPECTOR'S COMMENTS		
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